


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90071 006 ***150.00

0477271

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # G21675
1. Corporation Name
BIRD BAY EXECUTIVE GOLF CLUB, INC.

Principal Place of Business C/O CHRISTIANSEN & DEHNER P A 2975 BEE RIDGE RD. STE C SARASOTA FL 34239 US	Mailing Address C/O CHRISTIANSEN & DEHNER P A 2975 BEE RIDGE ROAD SUITE C SARASOTA FL 34239 US
---	--



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/04/1983		4. FEI Number 59-2254217		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 602 BIRD BAY DRIVE WEST	2a. Mailing Address 26 C/O CHRISTIANSEN & DEHNER, P.A.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 63 SARASOTA CENTER BLVD SUITE 107	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
23 City & State VENICE FL	28 City & State SARASOTA FL	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24 ZIP Code 34232	25 Country US	29 ZIP Code 34240	30 Country US	

9. Name and Address of Current Registered Agent DEHNER, H. LEE 2975 BEE RIDGE ROAD SUITE C SARASOTA FL 34239		10. Name and Address of New Registered Agent 81 DEHNER, H. LEE 82 63 SARASOTA CENTER BLVD SUITE 107 83 84 SARASOTA FL 85 34240		
--	--	---	--	--

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *H. Lee Dehner* DATE: 3/22/99
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, JOHN T.	1.2 NAME	
STREET ADDRESS	602 BIRD BAY DR. W	1.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, MARY M.	2.2 NAME	
STREET ADDRESS	602 BIRD BAY DR W	2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, II J	3.2 NAME	
STREET ADDRESS	602 BIRD BAY DRIVE W	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John T Robertson* DATE: 3/25/99 DAYTIME PHONE #: 941-485-9333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)